

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.L.P.E. CLASSIFIER       |          | 43     | 3/2/01   |
| FORMALITY REVIEW          | SM       | 902    | 03/13/01 |
| RESPONSE FORMALITY REVIEW | M.H.     | 625    | 03-13-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original | 3/2/01 |
| 1        | 4/1/01 |
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| Claim    | Date   |
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| Final    |        |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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